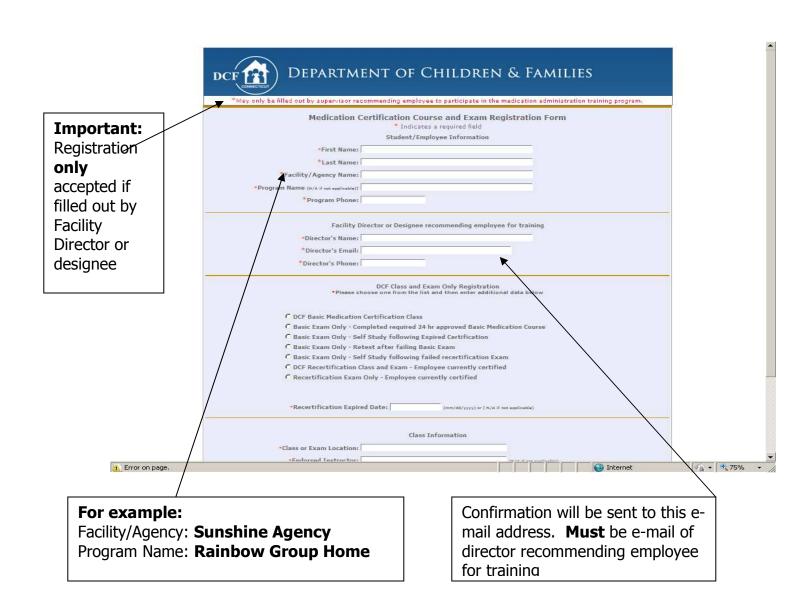
Department of Children and Families Medication Administration Program Registration Instructions

To All Facility Directors and Endorsed Instructors:

Below is an example of a completed registration form with important information about specific sections of the form. Correct completion of the form allows for immediate confirmation of your registration as well as accurate information for our database.

Please feel free to call our program if you have any difficulty.

Thank you for your continued support!



Department of Children and Families Medication Administration Program Registration Instructions

Class or Exam Date: Class or
Class Information *Class of Exam Location: Class or Exam Date: Class or Exam Date: Class or Exam Date: Class or Exam Time: Class or Exam Time: Cexample: 9-00) Special Accommodations: Cancel Cancel
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*Recertification Expired Date: (mm/dd/yyyy) or (N/A if not applicable) *Class of Exam Location: (Required Feld) (N/A if not applicable) *Class or Exam Date: (example: mm/dd/yyyy) *Class or Exam Time: (example: 9:00) (example: 9:00
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basic exams following expired or failed are not entered correctly.
3
recertification. Examples:
2/28/2013
Examples of date: 3/23/2013 or 10/10/2013
10/10/2013 9:00am
12:00pm
1:00pm
11000111

Department of Children and Families Medication Administration Program Registration Instructions

CONGRATULATIONS!

You have successfully submitted your registration and will receive an email confirmation.

This will appear when you hit "Submit"

For those who registered for a DCF Basic Medication Administration Administration Classes: Receipt of the registration by DCF Medication Certification Program is confirmed. The student is NOT considered enrolled in the class until identified contact/supervisor is notified by the endorsed instructor. The employee will either be accepted into the class or put on a wait list. Notification from the endorsed instructor will be sent two weeks before the first day of class to the identified contact/supervisor.

For those who registered for a Recertification Review and Exam: Receipt of the registration by DCF medication certification program is confirmed and the person is registered for the Recert Review and Exam. There is no cap on the Recert Review Class therefore, if you have received this confirmation then the employee is considered registered.

For those who registered for an Open Exam: Receipt of the registration by DCF medication certification program is confirmed and the person is registered for the open exam. If you have received this confirmation then the employee is considered registered.

Helpful Links:

Page

contains

resources

links to webpage

- · Recertification Study Guide
- Directions
- DCF Medication Administration Training

If you have any questions, concerns or are unable to attend after registering online, please contact the Medication Administration Program.

Return to Registration Form

Done

← Internet

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Below is an example of what you will receive as confirmation of class/exam registration - Make sure e-mail address is correct

Return to registration form if you are registering multiple employees

You have successfully submitted your registration. Below is a confirmation of the class/exam, date and time in which your employee is registered. Please contact our office if this information is not accurate. Additional information on the classes/exams can be found on the DCF Medication Administration Webpage.

Thank you,

DCF Medication Administration Program Staff

Director's Name: Jane Smith

Class: Basic Exam Only - Self Study following failed recertification Exam

Date: 2/28/2013 Time: 9:00am

Employee Name: John Medication